

MARYVILLE PUBLIC LIBRARY
Library Card Application

For office use only:
Barcode Number:

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Two forms of ID: _____

Are you a city resident? Yes _____ No _____
Which county do you live in? _____
Last Name _____ First Name _____
Address _____
City _____ State _____ ZIP _____
Telephone(s) _____
Employer _____
Employer Address _____
City _____ State _____ ZIP _____
Work Phone(s) _____
Email _____

When updating addresses and phone numbers, people often forget to notify the library. Please provide the name of a family member for friend in Maryville with a different address:

Name _____
Address _____
City _____ State _____ ZIP _____
Telephone(s) _____

Is Maryville a temporary address (for example, resident during the school year?)

Yes _____ No _____

If yes, please provide permanent address

Address _____
City _____ State _____ ZIP _____
Telephone(s) _____

I have received a copy of the Maryville Public Library policy and agree to assume responsibilities as a registered borrower.

Signature _____

Parent Signature (if under 16) _____